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DATE: April 2, 2007

PTO IDENTIFIER: Application Number 10/760,048-Conf. #8719  
Patent Number

Inventor: Shirley Tsang et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: PATTON BOGGS LLP

Lacy L. Kolo

PHONE: (703) 744-8000

Attorney Dkt. #: 020187.0187PTUS P-5727

PAGES (Including Cover Sheet): 15

CONTENTS: Certificate of Transmission (1 page)  
Transmittal (1 page)  
Fee Transmittal Form (1 page)  
Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Amendment in Response to Non-Final Office Action (9 pages)  
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8484 Westpark Drive, 9th Floor, McLean, Virginia 22102  
Telephone: (703) 744-8000 Facsimile: (703) 744-8001

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PTO/SB/97 (09-04)

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Attorney Docket No.: 020187.0187PTUS

P-5727

Application No. (if known): 10/760,048

## Certificate of Transmission under 37 CFR 1.8

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Transmittal (1 page)

Fee Transmittal Form (1 page)

Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

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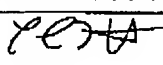
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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/760,048-Conf. #8719	
	Filing Date	January 16, 2004	
	First Named Inventor	Shirley Tsang	
	Art Unit	1634	
	Examiner Name	Carla J. Myers	
Total Number of Pages in This Submission	13	Attorney Docket Number	020187.0187PTUS P-5727

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	PATTON BOGGS LLP		
Signature			
Printed name	Lacy L. Kolo, Ph.D.		
Date	April 2, 2007	Reg. No.	55,340

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PTO/SB/17 (07-08)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4318). <b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b> Application Number 10/760,048-Conf. #8719 Filing Date January 16, 2004 First Named Inventor Shirley Tsang Examiner Name Carla J. Myers Art Unit 1634 Attorney Docket No. 020187.0187PTUS P-5727	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	450.00	

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	Deposit Account Number: 50-2228 Deposit Account Name: Patton Boggs LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	200	100					
Multiple dependent claims	360	180					
Total Claims	22	0	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
HP - highest number of total claims paid for, if greater than 20.			Fee (\$)	Fee Paid (\$)			
Indep. Claims	3	0	Fee (\$)	Fee Paid (\$)			
HP - highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	/50	(round up to a whole number) x					
4. OTHER FEE(S)							
Other (e.g., late filing surcharge): 1252 Extension for response within second month							450.00

SUBMITTED BY		Registration No.	Telephone
Signature	<i>PPA</i>	(Attorney/Agent) 55,340	(703) 744-8000
Name (Print/Type)	Lacy L. Kolo, Ph.D.	Date	April 2, 2007

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